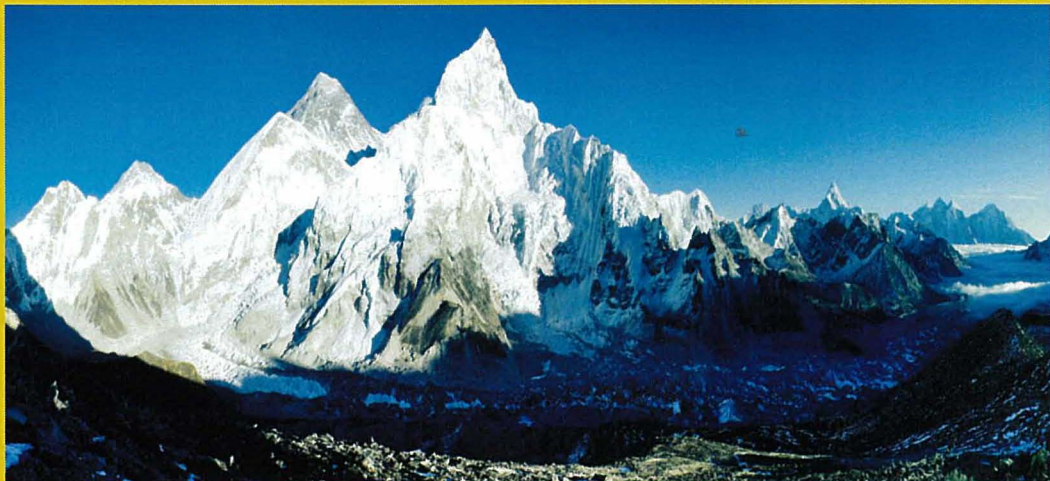


**INTERNATIONAL CONSORTIUM OF STRENGTHS  
BASED SOCIAL WORK PRACTICE IN MENTAL HEALTH  
(SBSWPMH)**



**Draft Concept Note**

**Abraham Francis**

## The Background

“One in four people develop some kind of mental illness at some point in their lives. But although mental illness is one of the most common health conditions worldwide, it can be one of the hardest to come to terms with, both for those who are ill, and for those who are close to them. People suffer twice over - from the illness itself, and because they are shunned by their families, exiled from their communities and isolated by society” (Mental Health Atlas 2011). Mental health problems are very common in contemporary society. The key message from the Mental Health Atlas 2011 is that the gap between what is needed for mental health care and what is available remains very large. In this context, strengths based perspective is seen as a solution to some of these debates in the field. How can a community respond to such issues? Are our communities resilient enough to take on this task? How has our community responded to such issues in the past? How can a community development model be used

here?. There are questions that provoke debates and discussion in the field of social work practice in mental health. It needs to be remembered that, this perspective is not new to



social work literature or mental health field. However, the strengths perspective in social work practice continues to develop conceptually. While the strengths-based approach to case management with people with severe mental illness is well established (Saleebey, 1995), more recently, there have been developments in



strengths-based practice with other client groups and the emergence of strengths orientations in working with communities. This is something that still needs further research and explorations. The documentary evidences of community practice from around the world do emphasize the need of community participation in responding to the real issues of mental health conditions in society. Responding to such an issue, Murthy (2011) has argued for a community-level mental health



service where he advocates for two activities that are required to address the needs of the community. "First, systematic studies are needed to evaluate the community intervention initiatives for mental health and the second is the setting up of community-level facilities, largely by voluntary organizations" (p.103). It is in this context, strengths based concept becomes relevant for social workers and activists.

### **Towards strengths based practice**

Social workers acknowledge that people with mental illness face many difficult situations and challenges in their journey towards recovery. They are very often confronted with the issue of diagnosis itself and the over emphasis on the use of DSM IV



in the practice settings. On the contrary, in strengths based practice we are looking at person's abilities, talents, possibilities, hopes and competencies. In this approach social work practitioner assumes that, strengths can be found in all environments, no matter how difficult they might seem (Raapp and Guscha, 2006). Are we ready to embrace such a philosophical shift in our thinking and practice?. If mental health is everybody's business, what is the role of communities and how can we engage with communities so that the issues of stigma associated with mental health can be addressed and thus creating an inclusive society are questions still unanswered?. Saleeby (2009) points out that clients learn something tangible and also valuable about themselves when they struggle with difficulty as they move through life. In this process, it is important that we look at the strengths that will be useful for the person who is struggling with a mental illness and the social worker's ability to focus on the resourcefulness of a person which is a beginning step in restoring hope (Saleeby, 2009). In assessing clients and in formulating a plan for action, the diagnosis does not become the centre of his/her identity rather their strengths, resourcefulness and coping become a part of the assessment process. It is an attempt to get the "whole story" of the person and acknowledging the positive energy that they may have

gained through the struggles. SBP is an approach to shift the lens away from the defining pathology and moving forward with a holistic approach. "This focus placed on people's strengths has constituted



an important paradigm shift in social work" (Trevithick, 2012, p.351). A strengths perspective, as opposed to a deficit model, can put individuals in touch with the more resilient characteristics that they may have lost touch with.



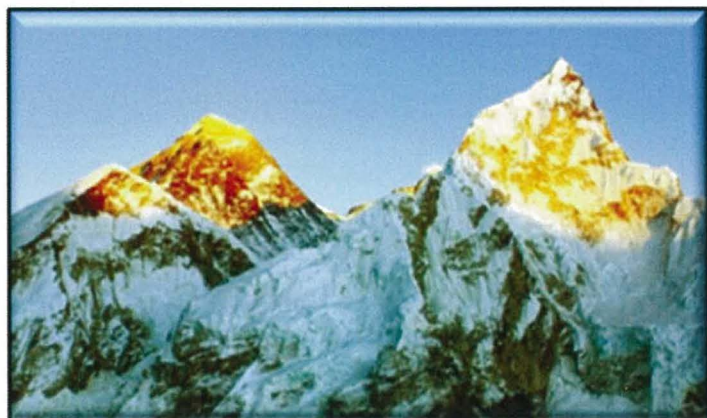
This perspective is consistent with anti-oppressive, empowerment, culturally sensitive and emancipatory approaches within social work because the work is built on the service users' interpretation of events and the importance of validating the meaning they give to experience". (Houston, 2010 cited in Trevithick, 2012, p.351)

## What social workers do?

While there is still a lot of debate about what social workers' do in mental health field, the social workers contribution to mental health is recognized and accepted as a legitimate field of practice.

"Social work and social workers are important. Social work makes an important contribution to mental health services and is a crucial component in their development ... However, like any other profession, social workers cannot afford to rest on their laurels and stand still. If they do, they will get behind. In an increasingly rapidly changing world of new demands and pressures, where there is a need for a more flexible and well – trained workforce, it is vital that social workers fully embrace this culture shift and seize fresh opportunities, including new ways of working . This does not mean they should abandon their highly prized and well –recognized value base –far

from it. They should continue to champion both their approach and their cause, but should do so in a positive and outward –looking way" ( Department of Health, 2007 b : 117 cited in Gould, 2010, p. 181)



There is a demand for production of relevant knowledge pertaining to strengths based approach that can be used in social work. The research focus of this consortium will endeavor take up initiatives to develop social work research capacities in mental health field especially from a strengths perspectives which will contribute to the increased level of knowledge base and confidence among social work practitioners in the field. This can happen by building on the existing knowledge and experience of the service users and by developing strong professional networks wherever possible. Thus, it is attempt to generate critical thinking, reflections and actions among the social work fraternity which could be supported, nurtured and even challenged in an atmosphere of transparency, honesty and professionalism, but not forgetting that all these are done in the best interest of the clients rather than for the profession itself.

### **Application of Strengths Based Practice in mental health**

Social work is shaped by the context in which it is practiced. As a profession, social work also has moved from charity and welfare models to professionals approach based on the value of the individual and the negotiations of social structures and relationships as a core part of its purpose (Brandon et.al., 1995; Bisman, 2003 cited in Brogg, 2010, p.27). Today, we can see more emphasis is laid on the collection and reflection on evidence in social work practice in general. A review of literature on the historical development of treatment for mental illness demonstrates that societal views have had a significant impact on the way those experiencing mental distress were treated. The contemporary understanding and evidence suggest that there is



increasing emphasis on user involvement and participation in their care (Bland et.al, 2008). The recovery model is now widely embraced as an approach to practice.

*The Development of Competency Standards for Mental Health Social Worker, is widely growing in the western world .This has also generated a lot of discussions around*



*practice frame works and strategies. In the Australian context, the Australian Association of Social workers (AASW, 2008) defines the domain of social work practice in mental health as follows*

*“The domain of social work in mental health is that of the **social context** and the social **consequences** of mental illness. The purpose of practice is to restore individual, family, and community wellbeing, to promote the development of each individual's power and control over their lives, and to promote principles of **social justice**. Social work practice occurs at the interface between the individual and the environment: social work activity begins with the individual, and extends to the contexts of family, social networks, community and the broader society”. (p.21)*

*This is the frame work based on which we are launching the consortium and hope to develop its core processes and contents around this orientation.*

The objectives of the consortium are as follows:-

### Objectives

- To develop intervention strategies in clinical practice
- Engage in research that promotes the concept of SBPs in mental health practice
- To showcase and sustain professional interventions on a common platform
- To inform, share and run research network
- To assist in developing educational materials and provide training in the field of strengths based assessments and practice in mental health
- To develop strengths based community development initiatives that address the issue of mental health

Thyer and Wodarski (2007, Cited Bland et.al, 2009,p.41) have strongly argued for positioning of an evidence based practice model as central and professional contribution to social work research and practice and one of the things that they have summarized is “we have a professional obligation to promote evidence-based practice”. Similarly “recovery has emerged as a consistent unifying principle in contemporary mental health policies and services”. (Bland et.al, 2009, p.43).

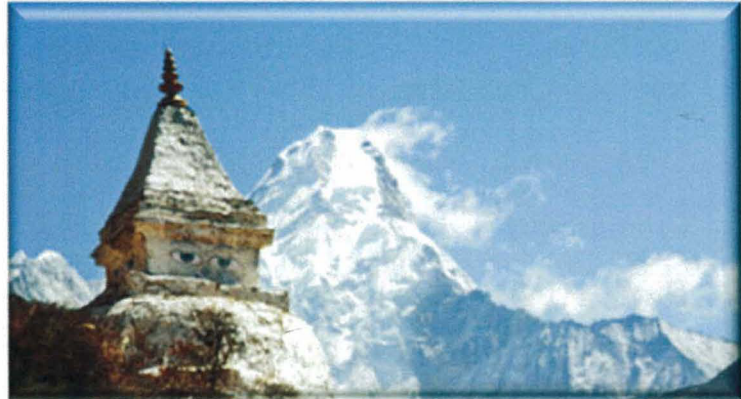
### Research

Research in mental health has tended to focus more on experimental research designs. However, a survey conducted by Gould et.al (2007) found that “there is a significant level of interest in social research in mental health across a range of constituencies including professionals in both social care and health sectors and



among service users”(p.180). Some of the areas identified through this survey were the emergent consensus across a wide cross section of interests, social inclusion, social capital, social networks and social factors that enable resilience and recovery were the highest priority for topics for research. This actually resonates with the idea

and theme of this consortium to engage in future research and develop appropriate practice guides for social work practice. Social contexts are very important for social



workers. As Bland et.al points out that at the level of “*social context*”, *Social work* is concerned with the way each individual's social environment shapes their experience of mental illness. Relevant concepts here include individual personality, vulnerability and resilience, family functioning, strengths and stressors, support networks, culture, community, class and gender. (p.10), Hence, through this consortium we aim to document and research on activities/projects that will showcase the advancements in the area of social work practice in mental health. Accountability is considered as the central theme for contemporary social work practice (Gray&Zide, 2011p.1). When working with mental health clients, we are often confronted with the issue of compliance, commitment and accountability. Similarly, the concepts like relationships, consumer perspectives, participation, accepting the centrality of the lived experience of mental illness have major impacts on social work practice. This consortium, invites people with similar interests in mental health to join us in Nepal to further explore the following dimensions.

- How can we identify client's competencies?
- What strategies to focus on assets instead of deficits?
- How can we build and enhance client's skills?
- How to consider factors above and beyond diagnostic signs and symptoms?
- Improving processes of 'What is..... how to do' effective assessment
- Engaging with a client in a working relationship
- Examining the role of social worker in mental health setting
- How can we better understand the context of current issues?
- Moving away from problem based assessment to strengths based assessment
- How can we engage with communities to evoke a positive response to mental health issues?

### Areas of research and practice

Following are some of the possible areas for further research and collaborations. All this can happen only when we have meaningful conversations and dialogue.

- Early intervention practices
- Prevention models
- Promotional activities
- Clinical practice in Mental health





- Assessment
- therapeutic interventions
- practices in recovery work
- practice with mandated clients
- Practice in group work with clients
- Practices with carers and families
- Working with communities

Come and be a part of this consortium. As Barack Obama recently stated:-

“Change will not come if we wait for some other person or some other time  
We are the ones we have been waiting for  
We are the change that we seek”

**“Let's be the change that we want to see” Mahatma Gandhi**

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Designed by K.Shanthi, Ph.D Scholar(Social Work) from Bharathidasan University, India.